



**St. James' Settlement - People's Food Bank**  
**Nutrition Program for Elderly Scheme**

Application No : NES  
 (Filled by SJS) \*Sponsored by Donors\*

**A. Applicant information**

First Name: \_\_\_\_\_ Last Name : \_\_\_\_\_ Gender : Male Female  
 Contact Number: \_\_\_\_\_ Address: \_\_\_\_\_

**B. Applicants Summary (Size of Household : \_\_\_\_\_)**

Name	Relationship	HKID No.	Gender	Date of Birth (Age)	CSSA or OALA Recipient
	Applicant				<input type="checkbox"/> CSSA <input type="checkbox"/> OALA
					<input type="checkbox"/> CSSA <input type="checkbox"/> OALA

Monthly Family Income: Salary \$\_\_\_\_\_ + CSSA \$\_\_\_\_\_ + Other Income \$\_\_\_\_\_ = \$\_\_\_\_\_

Family Asset : Savings \$\_\_\_\_\_ + Asset (including insurance/investment) \$\_\_\_\_\_ = \$\_\_\_\_\_

Family Status :  Receiving CSSA  Low Income Family

*(Families who are under the standard 55% of median monthly domestic household income)*

**C. Case Description (Filled by referral worker)**

**D. Application Information (The maximum support period is 6 months)**

Including milk powder, oatmeal and biscuits Suggested support period: \_\_\_\_\_

**\*Remarks:**

1. Applicants must be HK resident
2. This application cannot duplicate with other food scheme
3. Each Applicant can apply the scheme for once
4. The distribution will be affected by donation/stock

**\*\*Please refer to submission check-list for more supporting document details**

***Personal Information Collection Statement:***

St. James' Settlement undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data collected are properly stored. The personal information collected (Name, telephone number, fax number, email and mailing address) may be used for the purposes of providing you with information of St. James' Settlement, fundraising appeal, activities/courses invitation as well as for feedback collection and related promotion purposes. \*\*Should you find such use of your personal data not acceptable, please indicate your objection before signing by ticking the box.

I agree with the arrangement and would like to receive those information via email/ mailing/ SMS.

I do not agree with the above arrangements regarding the use of personal data

**E. Applicant Declaration**

I hereby declare that all the provided information is true and complete. I understand and consent people's Food Bank to use my information for food assistance application. I understand that willfully or knowingly making false statement, misrepresentation or concealment of any information in order to obtain Food Assistance Service will make us ineligible in applying the food bank service.

**\*People's Food Bank holds the final right of application approval.**

Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**E. Referral NGO(s) Information :**

NGO : \_\_\_\_\_ Referral Worker : \_\_\_\_\_  
Contact Number : \_\_\_\_\_ Email: \_\_\_\_\_ Application Date : \_\_\_\_\_  
Address : \_\_\_\_\_

**Application Summary : (Filled by SJS)**

- Accepted    Period of Support : \_\_\_\_\_ To \_\_\_\_\_ (Pick-up location: \_\_\_\_\_ )  
 Rejected    (Reason :     Duplicated Application     Insufficient Documents )  
 Withdrawn

SJS Social Worker : \_\_\_\_\_ Approved Date : \_\_\_\_\_

Approved Milk Powder: \_\_\_\_\_ cans for \_\_\_\_\_ elderly

	Date	Staff	Signature	Approved items		Date	Staff	Signature	Approved items
1				Milk Powder: Oatmeal: Biscuits:	4				Milk Powder: Oatmeal: Biscuits:
2				Milk Powder: Oatmeal: Biscuits:	5				Milk Powder: Oatmeal: Biscuits:
3				Milk Powder: Oatmeal: Biscuits:	6				Milk Powder: Oatmeal: Biscuits:

**Kwai Chung Centre Address:**

Lower Ground , Shek Foon House, Shek Lei (II) Estate, , Kwai Chung, N.T.

**Contact:** 2706 3798,    **FAX:**2706 3090



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### <Documents submission check list>

**Remarks: Applicants living in HK Island or Islands District are not the main service target donor-based food bank. Referral agency may make contact to our staff before making referrals.**

#### **Please submit the supporting documents listed below:**

- Filled in all information of the application form
- Filled the application date and sign
- Read the personal information collection statement and declaration
- Filled referral agency information
- Please fax the application form and supporting document to 2706 3090, the information will be forwarded to people's food bank for processing. Any enquiries may contact 2706 3798

#### **I. Identity Documents**

- Applicants and family members HKID\*\*/Birth Certificate ;

\*\* Remarks: If family members are not HK residents or holders of HKID, documents for identifying the nationality/personal particulars is required.

#### **II. Income Assessment**

- Please provide applicants and family members' latest 3 months income documents ;
- The income documents will be accepted: Monthly salary statement, Bank transaction record showing payment of salary, any income/retire/working certificate certified by employer

#### **III. Proof of Residential Address**

- The copy of address proof: Public housing rent certificate, rent receipt, water/gas/electricity bill in latest 3 months

#### **IV. Asset Assessment**

- The value of asset (including cash, bank savings, surrender value or cash value of insurance, investment) of the applicants and his/her family members will be assessed, the required documents are listed below:
  - Bank statement and bank book with latest 3 months record
  - If the applicants use bank book, the first page by showing the account number and name are needed.
  - For new bank accounts, the applicant should submit the latest record of bank transactions.
  - The latest 7 days bank balance slip
  - Insurance/Investment statement (seasonal or annual), if applicable
  - Asset certificate of local property, foreign bank account or other readily realizable assets

\* The check list is for reference, if there are any enquiries, please contact our staff at 2706 3798.

\* Insufficient document will affect the application process.